

POSITION	INITIALS	ID NO.
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>
I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
5	✓		
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50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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